	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							APPLICA	NT(S)					
	AS FILED		AFTER		AFTER .		CLAIR	/IS	1•		1•		1.	
			1st AME	NDMENT	2nd AMI	ENDMENT	1	<u>}</u>	ļ					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1		IND.	DEP.	IND.	DEP.	IND.	DE
2	<u> </u>	 	 -		<u> </u>		∤	51	 	 			 	├
3					 	-	┨	52	 	 -	 	 		<u> </u>
- -			 		!	 	-	53				 	 	
5			 	 		 	i	54				 	 	
6			<u> </u>			 	4	55	ļ. —	 	 	-	 	ļ
7			ļ. <u>—</u> —			ļ	1	56	 					<u> </u>
	_/		 				-	57	<u> </u>	ļ <u></u> .	} _	<u> </u>		
-8			ļ			<u> </u>	1	58			<u> </u>		ļ	<u> </u>
9		·					1	59	<u> </u>				ļ	
10							Į	60				ļ		<u> </u>
11			.				1	61	L		<u> </u>	<u> </u>		
12							1	62						<u> </u>
13	_/							63				 _	ļ	
14								64			 			<u></u>
15		`.				<u> </u>	Į	65			ļ	<u> </u>		
16							Į į	66					ļ	
17								67						
18								68				L		<u> </u>
19								69						
20								70			•		<u></u>	
21				:				71						
22								72						
23]	73						
24								74						-
25						,		75						
26								76						
27								77						
28						•		78						
29								79						
30								80						
81								81						
32	·							82						
33								. 83						
84								84						
85								85						
36								86						
87								87						
88								88						-
39								89						-
40							· :	90						
41)	91						
42			$\neg \neg$	-				92						
43								93						<u> </u>
44								94						
45			· ·					95						
46						<u> </u>		96		·			- 	
47								97	\longrightarrow				 	
48					-			98						
49								99						
50								100						
DTAL								TOTAL		 -				_
DTAL	6							IND.						
EP.	24			_		_		TOTAL DEP.		-		—		لب
DYAL	Jo							TOTAL CLAIMS						_